11-

VINCENT ROSENBALM 8/22/2008
2100 NAPA VALLEJO HIGHWAY AUG 27, 2008
NAPA, CA 94558 CLERK US DISTRICT DOUBLE
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
VINCENT ROSENBALM 3 HABRAS CORPUS
V SUPPLEMENTAL
ED FOULK 3
THOMAS ALLMAN 3 CASENO: CUOB-34365[
RECENTLY I WAS IN MENDOCINO COUNTY
JAIL AND POLICE REFUSED to GIVE ME
MY CONFIDENTIAL LEGAL WORK WHICH
INCLUDED FEDERAL COURT PAPERWORK.
THIS WAS FROM 7/28/2008 to 8/11/20087
AND WHEN TRANSFERRED BACK to.
NAPASTATE MOSPITAL 8/11/2008 THE
MOSPITAL WORKERS REFUSED ME MY
LEGAL WORK to 8/14/2008 SAYING THEY
WERE GOING TO SCAN MY LEGAL WORK.
INEED MY LEGAL WORK to FILE MOTIONS
IN COURT AND THIS POLICE ACTION
OF CONFISCATING, SCANNING OR COPY-
ING ME LEGAL WORK CAUSED "INJURY"
BY MISSING TIME LIMITS AND PERPETUATING
MY CONFINEMENT. (See LEWIS V CASES 518
V.S.C 343, 357, 116 S. Ct. 2174, 135 L. Ed. 2d. 606 (1996)
ALSO POLICE AND PUBLIC DEFENDER DENIED
ME ACCESS THE COURTS BY DENYING

1

2

3

4

5

6

7

8

9

10

11.

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

ME A WRITOF MANDATE BY OVER (2) WEEKS WHEN I HAD A 10 DAY LIMIT, I ASKED 4 HE COURT OF APPEAL FOR AN AMENDED LOMPICATIVE WITH EXTENDED TOCKING TIME, BUT HERE I MISSED AN ACTUAL DEADLINE FOR FILING. TIME LIMITS SPEEDY TRIAL 1382(1) STATES I CAN ONLY BE HELD IN CUSTORY ANO RELEASED OR EXECUTIVE NO: \$163898 CUSTODY 7/28/08 to ENDOZINO JAIL, ARRAIGNED mounts to "KIONA PH15 CORPUS FOR INCENT ROSENBALL meent Rosenbalm

COURT OF APPEAL, FIRST APPELLATE DISTRICT 350 MCALLISTER STREET SAN FRANCISCO, CA 94102 DIVISION 5

Julia Juana Spikes 530 Divisadero Street, No. 226 San Francisco, CA 94117

THE PEOPLE,
Plaintiff and Respondent,
v.
VINCENT LEE ROSENBALM,
Defendant and Appellant.

A116597 Mendocino County No. MCUKCRCR0674005

* * REMITTITUR * *

I, Diana Herbert, Clerk of the Court of Appeal of the State of California for the First Appellate District, do hereby certify that the decision entered in the above-entitled cause on April 03, 2008 has now become final.

___Appellant ___Respondent to recover costs
___Each party to bear own costs
___Costs are not awarded in this proceeding
___See decision for costs determination

Witness my hand and the Seal of the Court affixed at my office this

JUL 152008

Diana Herbert Clerk of the Court

ALL STREET

Deputy Clerk

O COUNTY SHERIFF'S OFFICE Corrections Division

Explanation/Commer	Check One: □ Writ □ Grievance □ Classification □ A □ Inmate Services □ Probation □ Release Date □ Problem □ □ Probation □ Release Date □ Problem □ □ Probation □ Release Date	Name ROSEVBACM Date: 8/4/08	
t (PRINT CLEARL)	☐ Grievance ☐ Probation	*	NMATE REQ
Explanation/Comment (PRINT CLEARLY - ONLY ONE REQUEST PER FORM):	□ Grievance □ Classification □ Probation □ Release Date ↑ N ← ROPET	MNCENT Middle Housing Assgnmt: A 2	INMATE REQUEST FORM
JEST PER FORM):	☐ AIDS Testing	First Middle Housing Assgnmt: A 2 **********************************	'A"# 2
w.			

(OW-Response to Immate WHITE-"A" File (When Completed)	14 Take				- I -	Date: Routed to	- 4			MALLED BY FRICAY	IT NEE	200	I NEED TO GET A WRIT DUTOF	Tail Consideration of the constant of the cons	Explanation/Comment (PRINT CLEARLY - ONLY ONE REQUEST PER FORM):	MX************************************	Services Probation	it Grievance	Date: 8 4408 Housing Assgnmt: 17	Last	Name ROSENBALM VINCENT L	INMATE REQUEST FORM "A"#: 2	
PINK -Inmate Keeps YELLOW-Response to Impate WHITE."A" Fill Form 88.	Respondent's Name;ID#				Response/Action Taken:	Date: Routed to:	C/D SIGNATURE REQUIRED:	ONE PAGE FORM	COURTILERK		OF ADDON'T FORM FO		קן ס	Explanation/Comment (PRINT CLEARLY - ONLY ONE REQUES	· 电影子 电电子电影 医电子电影 医生物		Services		Date:	Last	Name ROSENEACH VINCENT	INMATE REQUEST FORM	

MENDOCINO COUNTY SHERIFF'S OFFICE Corrections Division

Response/Action Taken:		ONE-PAGE	OF Appeat	Explanation/Comment (PRINT CLEARL	Check One: □ Writ □ Grigvance □ □ Inmate Services □ Probation □ Stother: Appeal Form	Name ROSENBALM Date: Last	INMATE RE
	I.D.#	8	peat FORM FOR	Explanation/Comment (PRINT CLEARLY - ONLY ONE REQUEST PER FORM):	☐ Classification ☐ AIDS Testing ☐ Release Date	Pirst Middle Middle Housing Assgnmt:	INMATE REQUEST FORM

C/D SIGNATURE REQUIRED:

WARDE

000

roro moro than

Routed to:

Response/Action Taken:

Respondent's Name

TITLE TO COLUMN TO THE TOTAL

#

Date:

PINK Immate Keeps YELLOW-Response to Impate WHITE AT Bile (When Compate Form 88)

☐ Immate Services ☐ Probation

☐ Release Date

Explanation/Comment (PRINT CLEARLY - ONLY ONE REQUEST PER FORM):

r+ONANT

•

Check One: Writ Grievance Classification Date: 8 7 08 Housing Assgnmt: A 2 Name ROSENBALM MENDOCINO COUNTY SHERIFF'S OFFICE INMATE REQUEST FORM Corrections Division CASECVO8-3436 "A"# 23912 ☐ AIDS Testing

Respondent's Name				Response/Action Taken:	Date: Routed to:	C/D SIGNATURE REQUIRED:			WRIT OF MANDAY	**************************************	☐ Immate Services ☐ Propation ☐ Other:	Check One: Writ Grievance	Date: 7/29/08 +***********************************	Name: ROSENBALM
D# Date:					·	I.D.#			シャナア	ONLY ONE REQUEST PER FORM):	☐ Kelease Date	☐ Classification ☐ AIDS Testin	Housing Assgnut: 42	VINCENT 1

OFFICE OF PATIENTS' RIGHTS NAPA STATE HOSPITAL

Office of Patients' Rights use only Date received by O.P.R.:

Service #. Date Closed:

-		ormal	Comn	laint For	The second second
	· · · · ·	Ormai	Comp.	iaille L'Oi)	
ers.	7.3	4 S . O.	ariyay gaban 🕶 🔻	1.37	. The first

Patient Name: VINUENT ROSENI	BALMID#: 2069375
Commitment Code: /370 Unit	그 마이지 않아 하는 하는 것이 되었다. 그는 사람들은 그리고 있는 것이 되었다. 그리고 있는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는데 없었다.
Describe your complaint below:	* Do you have Attachments?
EDFOULK YOUARE in	CONTEMPTOF COURT
AND GUILTY OF KIDI	VAPPINE
COURTORDEN All6597,1	9ND 5163898 FROM
THE SUPREME COURT V	가는 그는 사람들이 많아 가입하게 하는 것 않는데 그는 그는 그는 그를 모르는 하는 것이 살 때문에서 불부분하였다.
OPDER ON 7109/08,40	UMAO 15 DAYS to HOLL
ME OR RELEASE ME	AND 16 HAVE PASSED
UNDER PENAL CODE	1382(1) 💎 🚟
I AM ILLEGAL	LY IMPRISONED!
Office of Patients' Rights Response:	
Patients' Rights Advocate signature:	Date:
This complaint does not support an action of abuunreasonable denial of patients' rights. This issu	
, Program #	for resolution and response.
All responses should be provided directly to t	he patient.

Form NSH-130 (Triplicate document)

ı	
,	PROOF OF SERVICE 8/22/08
2	I am Vincent Rosenbalm an
. 3	american Ettzen over 18 years
4	
5	of age
6	ON 8/22/08 I SERVED HE WITHIN
7	(2) pages 1) SOPPLEMENTAL CASE CV08-3436
8	2) 4 Attachments
9	By placing a copy in the
10	Mapa state Hospital Mail
11.	A daressed to
12	U.S. DISTRICT COORT
13	450 GOCDEN BATE AVE
14	PO BOX 36060
15	SAN FRANCIS CO, CA 94102
16	From Lo
17	Viment forenbalm
18	2100 Mapa Valleyo Highway
19	napa, CA 94558.
20	
21	Ander the Penalty of Keryung
22	This is true and correct to
23	The best of my sprowledge.
24	
25	United Posentaling
26	•
27	
28	

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT 450 GOLDEN GATE AVE PO BOX 36060 SAN FRANCISCO CA 94102-9680

